

SHELBY COUNTY GOVERNMENT APPLICATION INSTRUCTIONS

SECTION I: GENERAL BUSINESS INFORMATION

1. **FEDERAL IDENTIFICATION NUMBER (FEIN) OR SOCIAL SECURITY NUMBER (SSN):**

Please provide either the Federal Identification Number or your Social Security Number and check the appropriate box. This will be used to create your vendor registration number. **This must be a unique nine (9) digit number that specifically applies to the business that you will list on the application.**

Special Note: If you are *a foreign company who is located outside of the United States*, you may list all zeros (0) in this section in order to submit your application. If you have questions, you may call the office (901) 545-4360.

2. **LEGAL ORGANIZATION NAME:** Enter ONLY the name under which you **legally** do business or your dBA name (it is not required to have a “dBA”). The name that you designate as the name of your organization must be the same as the name that you list on bids or other legal documents and must match the information provided on your W-9 form. **This name must also match the information on file with the Internal Revenue Service and the tax id number listed.**

An individual or a sole proprietor should enter their name as shown on their individual tax return on the name line. A sole proprietor may also enter a business, trade or “doing business as (DBA) name on the “Business name” line.

Other entities should enter their business name as shown on required federal tax documents on the “Name” line. An entity may also enter a business, trade or “doing business as (DBA) name on the “dBA” line.

A single member LLC should enter the owner’s name on the “Name” line and the LLC’s name on the “dBA” line. For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line. A business, trade or “doing business as (DBA)” name may be listed on the dBA line.

If a vendor has **multiple DBA names**, those additional names should be listed as an additional address occurrence and **NOT** as separate businesses with the same Tax Identification Number.

3. **ORGANIZATION ADDRESS(s):** Please enter the address that all **PAYMENTS** should be mailed to. This is also the address that should be listed on all invoices submitted for payment. **3.1** Should be the exact physical address of your organization (this address may not match the payment location). All applicants should be sure to select the appropriate state because the system will not automatically default to any state. You must provide a telephone number and if applicable a fax number for each separate address location you indicate. Please make sure that the number indicated can reach that specific location. A business email address will be required (**you may only list one (1) email address**). This business email address will be the email that all correspondence from the County will be directed to (return emails, bids, etc.). **PLEASE make sure this box is monitored!!!!** You may provide a business website if applicable. In sections 3.2-3.3 you can specify alternative addresses for solicitations, purchases orders and contracts if applicable.

4. **ORGANIZATION CONTACT:** Enter the name, job position, and contact number of the person in your organization who will serve as your main representative/contact. You must complete the telephone/contact number along with one (1) email address for each person indicated. In sections 4.1-4.2 you may specify alternative contacts.

5. **PARENT COMPANY INFORMATION:** Please indicate the name of the company that has controlling interest in your company (if applicable).

SECTION II: BUSINESS ASSESSMENT

6. **GROSS ANNUAL RECEIPTS.** Indicate the range that indicates your GROSS annual receipts for the last calendar or fiscal year.

7. ORGANIZATION HISTORY:

- a. Please indicate the date the business was established. If less than two years, you may be required to submit some additional information at a later date.
- b. Indicate whether or not your business has changed ownership within the last two years by checking yes or no in the blocks provided.
- c. Please give previous firm name and owner.
- d. Indicate whether or not you acquired or bought this business.
- e. If business was bought or acquired, give date of acquisition or purchase.

8. **TYPE OF ORGANIZATION ACTIVITY:** Mark the appropriate business category that best describes your business activity or history.

9. **LEGAL STRUCTURE OF ORGANIZATION:** Indicate if the business is a “Corporation, Partnership, Sole Proprietorship or Limited Liability” Corporation. If incorporated, indicate what State the incorporation papers were filed and the date incorporated.

10. **FIRM TYPE:** Please select your firm type. Check only one.

11. **TYPE:** Please indicate what type of services your company/organization provides.

Contractors provide a variety of construction related services.

Vendors provide goods, equipment and some services (non construction or consulting).

Professional service providers provide a variety of consulting related services (non construction).

12. **OWNERSHIP CLASSIFICATION:** Please select the company’s ownership classification. Check only one.

LOSB - indicates that you are currently classified as one or desire to become certified as a Locally Owned Small Business. This classification applies only to businesses located within Shelby County. You can not qualify or be considered for this classification if your business is located outside of Shelby County. This classification will require some additional steps and it may take longer to fully process your request.

Joint Venture – indicates that you are currently entered into a joint venture or intend to do so with a certified LOSB vendor. This classification will require some additional steps and it may take longer to fully process your request.

Other – indicates that you are a general or standard vendor that does not qualify as a LOSB or Joint Venture.

13. OWNERSHIP ETHNICITY: Indicate the company owner's ethnicity.

14. WORKFORCE: Enter the number of full-time permanent employees who work directly for the business. Employees are paid directly by the business. Do not include contract labor.

15. PREVIOUS SHELBY COUNTY GOVERNMENT CERTIFICATIONS: Please provide an answer for each applicable question.

16. TENNESSEE COMMODITY CODE LIST REGISTRATION: See the alphabetic listing of class titles to aid you in selecting the specific bid lists you wish to bid. You must specifically list each applicable commodity code that indicates the type of goods, services or equipment that you provide.

17. SPECIFIC PRODUCTS, GOODS OR SERVICES: Please indicate clearly what specific products, goods or professional services your company may provide that may not be listed in the tabled information reference in question # 10. Additionally, you may use this space to indicate additional codes for question # 16.

18. PROFESSIONAL BUSINESS LICENSE: If a professional license is required to conduct business, i.e.' CPA, Attorney, Contractor, Security, Insurance, etc, for the type of work you provide, please enter all pertinent information.

19. INSURANCE INFORMATION: Please indicate if any what type of insurance is carried by the organization and with whom.

20. CLIENT REFERENCES: Please list clients, with whom you have engaged in business opportunities in the past, include company name, addresses, contact number and persons.

SECTION III: ORGANIZATION OWNERSHIP AND MANAGEMENT INFORMATION

21. Answer all questions in this section about your company ownership and management.

Please note that if you answer "yes" to questions 21b-e you will be required to provide a separate explanation. Your application will not be processed until the requested information has been provided and reviewed.

22. OWNERS/PARTNERS/OFFICERS INFORMATION: Please complete this section for all owners, partners and officers. Please use abbreviations for the race of each individual listed.

23. DISCLOSURE: All vendors must comply with TCA 12-4-103 "Bidding by State Employees Prohibited." It is hereby declared unlawful for any state official or employee to bid on, sell, or offer for sale, any merchandise, equipment or material, or similar commodity, to the State of Tennessee during tenure or such official's or employee's office or employment, or for six (6) months thereafter, or to have any interest in the selling of the same to the state.

24. AFFIRMATION: *READ CAREFULLY.* The principle owner must print their name, job title, agree to the EOC statement policy and electronically sign to affirm all information on this application. Falsification on the application may result in your firm being removed from the bidder's list. Additional information (Resolution #17) is listed on the County website for your information and review.